Radiology Report
04/26/2007

Renal Ultrasound

Clinical Indication: Hematuria

Real time transabdominal sonography is performed revealing the liver and spleen to be normal in size and contour without focal masses. Gallbladder is normal in appearance without evidence for cholelithiasis, wall thickening, pericholecystic fluid. Intrahepatic and extrahepatic bile ducts are normal in caliber.

The body of the pancreas appears unremarkable. Abdominal aorta is normal in caliber. Head and tail of the pancreas are poorly seen due to shadowing from overlying bowel gas.

There are large dominant cysts in the upper and mid pole region of the right kidney. In the upper pole region the cyst measures 4.0 cm in greatest diameter. In the mid pole region the largest cyst is 3.9 cm. In the lower pole region of the right kidney the largest cyst is 4.6 cm in diameter. No solid renal masses are seen nor is there evidence for hydronephrosis. In the left kidney there is a large upper pole cyst measuring 4.9 cm in greatest diameter. No solid left renal masses are evident nor is there evidence for hydronephrosis or perinephric fluid collections.

There are dominant cysts in the kidneys bilaterally without evidence for solid masses or hydronephrosis.

Cytology Report
05/10/2007

Clinical Information: Outpatient testing

Specimen: Urine

Gross Description:
Specimen consists of approximately 90 ml of yellow fluid.

Microscopic Description:
Available for examination is one Thin Prep of urine. The slide shows acute inflammatory cells, rare squamous cells, and numerous transitional cells, many of which are grossly abnormal, with cytomegaly, increased nucleocytoplasmic ratio, coarsely distributed chromatin, and occasional visible nucleoli.

Final Diagnosis:
Urine: Numerous atypical transitional cells, suspicious for transitional cell carcinoma.

History & Physical
06/07/2007

Chief Complaint: Blood in urine, atypical urine cytology

History of Present Illness: Terry is a very pleasant 84-year-old white male noted to have microscopic hematuria. Sent here for cytology. This came back as atypical suspicious for transitional cell carcinoma. I had ordered an intravenous pyelogram, however, his creatinine came back at 1.5 and was denied. He now presents for cystoscopy, bilateral retrograde pyelograms, bladder biopsy, possible bilateral renal pelvic washings, possible ureteroscopy, possible ureteral stent.

Allergies: No known drug allergies

Medications:
1. Glucophage
2. Aspirin
3. Synthroid
4. Allegra
5. Tylenol
6. Micronase

Past Medical History:
1. Diabetes
2. Hypothyroidism
3. Seasonal allergies

Social History: He has been married for 25 years. He has no children. He smoked cigars in the past but quit 10 years ago.

Family History: Significant for heart problems, high blood pressure and diabetes

Review of Systems: Consistent with the past medical history but also includes nocturia x 4-5

Physical Examination:
General: Well-developed, well-nourished male in no apparent distress. He is alert and oriented to person, place and time with normal affect.
HEENT: Head is normocephalic. Atraumatic. Extraocular muscles are intact.
Neck: Supple
Chest: Normal respiratory effort
Cardiovascular: Regular rate and rhythm without murmur
Abdomen: Soft. Nontender
Genitourinary: Deferred
Extremities: Without edema
Neurologic: Grossly intact
Assessment: Microscopic hematuria with atypical urine cytology

Plan:
1. Cystoscopy
2. Random bladder biopsy
3. Bilateral retrograde pyelograms
4. Bilateral renal pelvic washings
5. Possible ureteroscopy

Signed: Urologist

Operative Report
06/07/2007

Preoperative Diagnosis: Blood in urine with abnormal urine cytology

Postoperative Diagnosis: Blood in urine with abnormal urine cytology with hyperemic bladder lesion

Procedure: Cystoscopy with bilateral renal pelvic washings, bilateral retrograde pyelograms, bladder biopsy

Indications: The patient is a pleasant 87-year-old white male who was noted to have microscopic hematuria. He had a urine cytology sent, which came back as atypical and suspicious for transitional cell carcinoma. His creatinine came back as 1.5. Therefore, his intravenous pyelogram was cancelled. He now presents for cystoscopy, bilateral renal pelvic washings, bilateral retrograde pyelograms, and bladder biopsy. After the risks and benefits of the procedure were explained, informed consent was obtained.

Procedure: The patient was taken to the operating room and comfortably placed in the dorsal lithotomy position under adequate general anesthesia. He was appropriately prepped and draped in the standard fashion, exposing only the genitalia. A 21 French cystoscope was placed in to his urethra. The anterior urethra was normal. Sphincter was intact. Prostate showed a bilobar prostatic hyperplasia with visual obstruction. The bladder was systematically reviewed. Both ureteral orifices were identified and normal. No bladder calculi were seen. No foreign body was observed. Hyperemic area noted on the posterior right wall, but otherwise unremarkable. A 5 French ureteral access catheter was placed up the right ureter, up to the level of the renal pelvis, and 10 cubic centimeters of normal saline were used to obtain a urine cytology with the Barbotage technique. This was sent off for urine cytology. A pull-out retrograde pyelogram was performed with the ureteral catheter, and there was some air bubbles noted floating around. We were eventually able to get them clear and verify no filling defects in the right collecting system.

A separate 5 French ureteral access catheter was placed up the left ureteral orifice at the level of the renal pelvis, and 10 cubic centimeters were used to obtain a urine cytology from the left renal pelvis with the Barbotage technique. This was sent off for permanent cytology. A pull-out retrograde pyelogram was performed on the left-hand side, also confirming no collecting system filling defects, abnormalities or impedence in flow. The ureteral access stent was then removed. Cold cup biopsy was put in place and biopsied the suspicious area on the right wall on two separate occasions.

A Bugbee electrode was used to fulgurate the base. Meticulous hemostasis was verified. The bladder was drained. The scope was then removed. The patient tolerated the procedure well. The LMA was removed in the operating room and he was transferred to a gurney with assistance and went to the recovery room in stable condition.

He is to continue on Ciprofloxacin XL one p.o. daily for three days and followup in the office in one week to discuss this path report.

Signed: Urologist

Pathology Report
06/07/2007

Clinical Information: Microscopic hematuria with atypical urine cytology

Specimen:
Urinary Bladder, Biopsy

Gross Description:
The specimen consists of three fragments of tissue measuring from 0.3 up to 0.4 cm in greatest dimension. The specimen is submitted in Cassette 1A.

Final Diagnosis:
Bladder, biopsy: Urothelial carcinoma in situ and focal mild chronic inflammation

---

Pathology Report
06/07/2007

Clinical Information: Microscopic hematuria with atypical urine cytology

Specimen:
1 Right renal pelvic washing
2 Left renal pelvic washing

Gross Description:
Specimen #1 consists of approximately 20 ml of light tan fluid.
Specimen #2 consists of approximately 20 ml of light yellow fluid.

Microscopic Description:
Available for examination are one thin prep Papanicolaou stained smear of right renal pelvic washing and one thin prep Papanicolaou stained smear of left renal pelvic washing.

The right renal pelvic washing shows scattered acute and chronic inflammatory cells and numerous transitional epithelial cells. Transitional epithelial cells are present singly and in cohesive groups. Some groups of transitional epithelial cells appear atypical with enlarged nuclei and pinpoint nucleoli. No nuclear hyperchromasia is seen.

The left renal pelvic washing shows numerous transitional epithelial cells which are present singly and in cohesive groups. There are numerous groups of atypical transitional epithelial cells. These groups show nuclear enlargement, irregular nuclear outline, and chromatin condensation.

Final Diagnosis:
1) Right renal pelvic washing: Scattered groups of atypical transitional cells of unknown significance
2) Left renal pelvic washing: Numerous groups of atypical transitional epithelial cells, suspicious for transitional cell carcinoma

Phone call to Urologist's office: Patient underwent BCG times 6 in July and August.